

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Medical Nursing  
 Mont. Co. Hlth. Fac.  
 P.O. Box 4599  
 Mont, AL 36195

2. Article Number

(Transfer from service label)

3 Form 3811, February 2004

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x G. Brown

☐ Agent☐ Addressee

B. Received by (Printed Name)

H. Brown

C. Date of Delivery

JUN 12 2006

D. Is delivery address different from item 1? ☒ YesIf Yes, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.4. Restricted Delivery ☐

Yes

7005 1820 0002 3461 4582

Domestic Return Receipt

102595-02-M-1540